

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HH</i>	1292	8/9/00
O.I.P.E. CLASSIFIER		48	2/28/00
FORMALITY REVIEW	<i>J</i>	71531	4-4-00
RESPONSE FORMALITY REVIEW		71531	6-2-00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/1/00
2	✓	✓	3/1/01
3	✓	✓	9/10/01
4	✓	✓	3/5/02
5	✓	✓	10/1/02
6	✓	✓	4/2/03
7	✓	✓	3/23/04
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	12/1/00
52	✓	✓	3/1/01
53	✓	✓	9/10/01
54	✓	✓	3/5/02
55	✓	✓	10/1/02
56	✓	✓	4/2/03
57	✓	✓	3/23/04
58	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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